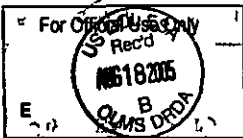


FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended. Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1: File Number U <u>7811</u>	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name <u>MICHAEL</u> <u>A</u> <u>TONER</u> P O Box Bldg Room No if any _____ Street <u>781 OAKWOOD AVE</u> City <u>EAST ALTON</u> State <u>Illinois</u> ZIP Code + 4 <u>62024-2097</u>	4 Name file number and address of labor organization Name <u>PLUMBERS AND PIPE FITTERS LOCAL UNION NO 553</u> Labor Organization File Number <u>013039</u> P O Box Building and Room Number if any _____ Street <u>2 SOUTH WESLEY DRIVE</u> City <u>EAST ALTON</u> State <u>Illinois</u> ZIP Code + 4 <u>62024-2097</u>
5 Position in labor organization <u>BUSINESS MANAGER</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name <u>LOELLKE PLUMBING</u> Trade Name if any _____ P O Box Bldg Room No if any _____ Street <u>#6 CROSS COUNTY COURT</u> City <u>JERSEYVILLE</u> State <u>Illinois</u> ZIP Code + 4 <u>62052-2585</u>	7 a Nature of Interest Transaction or Income <u>GIFT CERTIFICATE TO MIKE TONER FROM LOELLKE PLUMBING A CONTRACTOR THAT EMPLOYS LOCAL 553 MEMBERS</u> 7 b Amount <u>\$50</u>

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)

Signed Michael A Toner On 8/12/05 618-259-6787
Date Telephone Number

Name of Person Filing MICHAEL TONER	File Number U
-------------------------------------	---------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

9 Business deals with

- ☐ a Labor Organization
- ☐ b Trust
- ☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ **or Consultant** ☐ **?**

14 b Amount of payment

Name of Person Filing MICHAEL TONER

File Number U

Part A Continuation Page

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any)

Name AMSCO MECHANICAL

Trade Name if any

P O Box Bldg Room No if any

Street 2201 ADAMS STREET

City GRANITE CITY

State Illinois

ZIP Code + 4 62040

7 a Nature of Interest Transaction or Income

GAVE A GIFT CERTIFICATE TO MIKE TONER THEY ARE A CONTRACTOR THAT EMPLOYS LOCAL 553 MEMBERS

7 b Amount

\$25

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any)

Name KANE MECHANICAL

Trade Name if any

P O Box Bldg Room No if any

Street 170 EAST ALTON AVE

City EAST ALTON

State Illinois

ZIP Code + 4 62024

7 a Nature of Interest Transaction or Income

KANE MECHANICAL PAID FOR MIKE TONER TO HAVE A DINNER FOR 2 WITH DRINKS KANE MECHANICAL EMPLOYS LOCAL 553 MEMBERS

7 b Amount

\$50

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6 Name and address of Employer (including trade name if any)

Name MCCARTIN MECHANICAL

Trade Name if any

P O Box Bldg Room No if any

Street 4508 COLUMBIA

City HAMMOND

State Indiana

ZIP Code + 4 46327

7 a Nature of Interest Transaction or Income

MCCARTIN MECHANICAL GAVE MIKE TONER A BOX OF STEAKS VALUED AT \$50 MCCARTIN EMPLOYS LOCAL 553 MEMBERS

7 b Amount

\$50

Name of Person Filing MICHAEL TONER

File Number U

Part A Continuation Page

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any)

Name CONOCO/ PHILLIPS REFINERY

Trade Name if any

P O Box Bldg Room No if any PO BOX 76

Street 900 S CENTRAL AVE

City ROXANA

State Illinois ZIP Code + 4 62084

7 a Nature of Interest Transaction or Income

CONOCO/PHILLIPS REFINERY GAVE MIKE TONER TWO GIFT CERTIFICATES ONE TO ANDREAS RESTAURANT FOR \$45 AND THE OTHER TO TONY S RESTAURANT FOR \$40 CONOCO EMPLOYS LOCAL 553 MEMBERS

7 b Amount

\$95

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

7 a Nature of Interest Transaction or Income

7 b Amount

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

7 a Nature of Interest Transaction or Income

7 b Amount